

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	19	5/4/94
EXAMINER	319	5/4/94
TYPIST	16	5/5/94
VERIFIER	1480	5/5/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
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SYMBOLS

> Rejected
a Allowed
- (Through number) Canceled
+ Restricted
N Non-elected
- Interference
A Appeal
O Objected

Claim	Date
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